

UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

Form A
For use by Members, officers, and employees

HAND DELIVERED
OFFICE RESOURCE CENTER

Lucille Roybal - Allard

202-225-1766

(Full Name)

(Daytime Telephone)

2008 JUL 30 PM 4:55
OFFICE USE ONLY

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: CA	District: 34	<input type="checkbox"/> Officer or Employee	Employing Office:	Termination Date:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment		<input type="checkbox"/> Termination		

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name Lucille Roybal-Allard

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

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For additional assets and unearned income, use next page.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name **Lucille Roybal-Allard**

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BLOCK A		BLOCK B													BLOCK C						BLOCK D											BLOCK E	
Asset and/or Income Source		Year-End Value of Asset													Type of Income						Amount of Income											Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, M	
														None																			
SP	United Way Credit Union		X											\$1 - \$1,000																			
SP	United Way Retirement Fund													\$1,001 - \$15,000																			
SP	United Way Retirement Fund													\$15,001 - \$50,000																			
SP	United Way Retirement Fund													\$50,001 - \$100,000																			
SP	Pentagon Federal Credit Union													\$100,001 - \$250,000																			
SP	Prudential Retirement Fund													\$250,001 - \$500,000																			
SP	Royal Foundation Ret. Fund													\$500,001 - \$1,000,000																			
SP	Prudential (Will Retirement)													\$1,000,001 - \$5,000,000																			
SP	Prudential Large Capital Fund													\$5,000,001 - \$25,000,000																			
SP	Prudential Global Opps Fund													\$25,000,001 - \$50,000,000																			
SP	Prudential Global Opps Fund													Over \$50,000,000																			
														NONE																			
														DIVIDENDS																			
														RENT																			
														INTEREST																			
														CAPITAL GAINS																			
														EXCEPTED/BLIND TRUST																			
														Other Type of Income (Specify)																			
														None																			
														\$1 - \$200																			
														\$201 - \$1,000																			
														\$1,001 - \$2,500																			
														\$2,501 - \$5,000																			
														\$5,001 - \$15,000																			
														\$15,001 - \$50,000																			
														\$50,001 - \$100,000																			
														\$100,001 - \$1,000,000																			
														\$1,000,001 - \$5,000,000																			
														Over \$5,000,000																			

Name **LUCILLE ROYAL - ALLARD**

SCHEDULE VIII--POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

Position	Name of Organization
BOARD MEMBER EDWARD T. ALLARD III	U.S. CAPITOL HISTORICAL SOCIETY, WASHINGTON, DC
	For CONGRESSMAN ROYAL-ALLARD SEE ATTACHED

SCHEDULE IX--AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

**Congresswoman Lucille Roybal-Allard
BOARDS AND ADVISORY COUNCILS
2007**

- Angelus Plaza Activity Center Advisory Council**
- Art Share Los Angeles Advisory Board**
- Belmont Community Adult School Advisory Council**
- Center for Asian Americans United for Self Empowerment (CAUSE) Honorary Advisory Council**
- Congressional Hispanic Caucus Institute Board Member**
- Huntington Park-Bell-Gage Community Adult School Advisory Council**
- Korean American Coalition Honorary Board Member**
- Latino Children's Fund Honorary Board Member**
- L.A. County /USC Medical Center Advisory Council**
- LINC TELACU Education Foundation – National Advisory Board**
- NALEO Educational Fund Board of Directors**
- Neighborhood Music Settlement Advisory Council**
- Para Los Niños Advisory Board**
- Rio Hondo Boy & Girls Club Advisory Council**
- Roosevelt Community Adult School Advisory Council**

Committee on Appropriations
Subcommittee on Labor,
Health and Human Services and
Education
Subcommittee on Homeland Security



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www.house.gov/roybal-allard

Democratic Senior Whip
Whip, Congressional Hispanic Caucus

LUCILLE ROYBAL-ALLARD
34TH DISTRICT, CALIFORNIA

July 30, 2008

The Honorable Stephanie Tubbs Jones
Chairman
Committee on Standards of Official Conduct
US House of Representatives
HT2 Capitol
Washington, DC 20515

The Honorable Doc Hastings
Ranking Member
Committee on Standards of Official Conduct
US House of Representatives
HT2 Capitol
Washington, DC 20515

Dear Chairwoman Jones and Ranking Member Hastings:

Attached is my 2008 Financial Disclosure Statement (FDS). In reviewing this year's filing, I realize that my monthly California Legislator's Retirement System payment of \$155 per month for a total of approximately \$1860.00 annually was inadvertently left off my 2007 FDS.

Please accept this as an amendment to my 2007 FDS. I apologize for the omission.

Sincerely,

A handwritten signature in cursive script that reads "Lucille Roybal-Allard".

Lucille Roybal-Allard
Member of Congress

Attachment